

Signature: \_\_\_\_\_

**American Information Resource Center (AIRC), Chennai**  
**Application form For Institutional Membership**

***Please Write in Block Letters***

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Nature of Activities: \_\_\_\_\_

Subjects of Interest: \_\_\_\_\_

Head of the Organization: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_

We hereby apply for membership in the American Information Resource Center, Chennai and agree to comply with the rules.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name & Designation: \_\_\_\_\_

Official Seal

For AIRC, Chennai Use only:

Barcode Nos: \_\_\_\_\_

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Valid Until: \_\_\_\_\_